

PTO/SB/97 (09-08)

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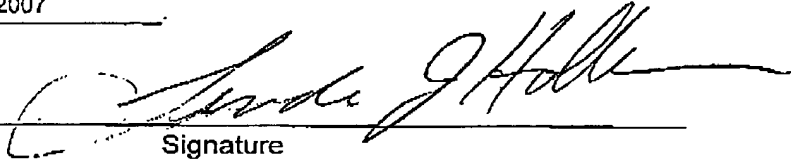
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10/650410

FA1151USNA

AMENDMENT

1-MONTH EXTENSION

FEE SHEET

Page 1 of 10

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NO. 1513 P. 1

PTO/SB/17 (01-06)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/650410 Filing Date: August 26, 2003 First Named Inventor: Klausjoerg Klein et al. Examiner Name: Kishor Mayekar Art Unit: 1753 Attorney Docket No.: FA1151USNA	
TOTAL AMOUNT OF PAYMENT (\$) 120.00		RECEIVED CENTRAL FAX CENTER MAR 15 2007	

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 200	<input type="checkbox"/> 100	0.00
Design	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 130	<input type="checkbox"/> 65	0.00
Plant	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 160	<input type="checkbox"/> 80	0.00
Reissue	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 600	<input type="checkbox"/> 300	0.00
Provisional	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = _____ x **50.00** = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x **200.00** = _____
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
 YES ☐ **360.00**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	250.00	_____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	130.00	_____
Other (e.g., late filing surcharge): 1-Month Extension (\$120)	120.00	_____
TOTAL	120.00	120.00

SUBMITTED BY:

Signature: <i>Chyree J. Sebre</i>	Registration No. 45,348 (Attorney/Agent)	Telephone (302) 992-3407
Name (Print/Type): Chyree J. Sebre	Date March 15, 2007	

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